

RECEIVED

JAN 2 1 REC'D

CANDIDATE COMMITTEE COVER PAGE

CARMELLA SABAUGH MACOMB COUNTY CLERK

FOR OFFICIAL USE ONLY

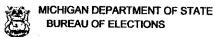
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement				
1. Committee I.D. Number	4. Candidate La	&			
138514	Wertenberge				
2. Committee Name	I _	Including District # or Community Served (If applicable)			
Committee to elect Garry Wertenberger	1	w School Board, Trustee			
E Committee of Marian Address	4b. County of Res				
5. Committee's Mailing Address	1	ame & Residential Address			
27928 Vogt St Clair Shores, MI 48081	Pamela Wertenberger				
St Class Stores, Wil 4000 I	27928 Vogt				
	St Clair Sno	ores, MI 48081			
Area Code and Phone (586) 419-9396	j				
If the address in this box is different from the committee	Ì				
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Pho	ne (586) 445-0563			
7. Treasurer's Business Address	8. Designated Re	ecord keeper's Name and Mailing Address (If the committee has a ord keeper)			
27928 Vogt	Designated Reco	rd keeper)			
St Clair Shores, MI 48081					
·					
·					
Area Code and Phone (586) 445-0563	Area Code and Pl	hone			
9. TYPE OF STATEMENT					
9a. ✓ Pre-Election OR 9b. Post	-Election	9c. Annual Statement (2009 Coverage Year)			
Pre-Election or Post-Election Statement relates to:		9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)			
Primary Gen	eral	9e. Dissolution of Candidate Committee			
Convention	pol	Effective Date of Dissolution			
Special Cauc	i	By checking this item, I/We certify that the committee has no assets or			
Date of Election, Convention or Caucus		outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for			
11/03/09	i.	the Reporting Waiver.			
		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
A committee that does not have a Reporting Waiver must file all red Schedules. Direct contributions, in-kind contributions, loans, experi if any of the information listed in items 2 A.F. 6.7 and test several forms.	Juired Campaign St ditures, and outstar	tatements. The Campaign Statements must include all applicable			
amendment to the Statement of Organization, should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filling deadline of a required campaign statement, that campaign statement cannot be waived.					
10. Verification: IWVe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete.					
Current Treasurer or Designated Record keeper Pamela Wertenberger Pamela Westenberger Date 12/22/09 Type or Print Name Signature					
Candidate GARRY WEIGHENBERGER	Guy 5	Date DELZZO9			
Type or Print Name	gnature				

1. Committee I.D. Number 138514

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Garry Wertenberger

CANDIDATE COMMITTEE		out outly troiteriberger
RECEIPTS	Column I This Period	Column II
3. Contributions		Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 2,016.47	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ _\$2,016.47	(18.) \$ \$2,016.47
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$2,016.47	(20.) \$ \$2,016.47
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ _\$1,964.99	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$1,964.99	(23.) \$ \$1,964.99
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		
DEBTS AND OBLIGATIONS	(11.) \$ \$0.00	(24.) \$ \$0.00
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$ 0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$0.00	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5 Tatal Continuous A City P. R.	(14.) + \$ \$2,016.47	_
(Line 5, Total Contributions & Other Receipts)	(15.) = \$_\$2,016.47	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$1,964.99	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$51.48	- -•



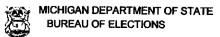
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

138514 1. Committee I.D. Number

Page.

Committee to Elect Garry Wertenberger 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? 4. Date of Receipt 10/16/09 Name & Address: Bill Brown 22615 Arcadia St 100.00 100.00 St Clair Shores, MI 48081 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Employer_ **Business Address** Type of Contribution: Direct Fund Raiser Loan from a person 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/16/09 Name & Address Robert Wright _s 20.00 27931 Voqt 20.00 St Clair Shores, Mi 48081 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation. Employer **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/16/09 Name & Address: Sharon Wright <u>s</u> 20.00 27931 Vogt 20.00 St Clair Shores, MI 48081 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation . Employer_ **Business Address** Type of Contribution: <a> Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/16/09 Name & Address Mary Brown 22615 Arcadia 20.00 20.00 St Clair Shores, Mi 48081 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation. Employer _ **Business Address** Type of Contribution: Direct Loan from a person **Fund Raiser** Page Subtotal \$160.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on Page 1 of 2 line 3a of Summary



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

138514 1. Committee I.D. Number

Page.

Committee to Elect Garry Wertenberger 2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report all contributions regardless of amount.					6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
Contribution # 1 Name & Address:	PAC Receipt	!? [YES 4. Date of	of Rece	elpt 08/11/09		
Garry Wertenbe	rger						
27928 Vogt	gci						
St Clair Shores,	MI 48081				•	_s 100.00	_s 1856.47
5. If over \$100.00 cun	nulative, please p	rovi	de:				
Occupation Busines	s Manager		Employer TRW Au	ıtomo	tive	Click Here	or Memo Itemization
Business Address 12	000 Tech Cent	er [Orive, Livonia, MI 4	48150)	-	
Type of Contribution:	√ Direct		Loan from a person		Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?		YES 4. Date o	f Rece	ipt 09/24/09		
Garry Wertenbe	rger						
27928 Vogt						_{\$} 1000.00	_s 1856.47
St Clair Shores,							· · · · · · · · · · · · · · · · · · ·
5. If over \$100.00 cum		ovid				Click Here fo	or Memo Itemization
Occupation Business Manager Employer TRW Automotive							
Business Address 120	00 Tech Cente	er D	rive, Livonia, MI 4	8150			
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
Contribution # 3 Name & Address;	PAC Receipt?		YES 4. Date o	f Rece	^{ipt} 10/09/09		
Garry Wertenbei	mor.					_	
27928 Vogt	gei					s 756.47	, 1856.47
St Clair Shores,	MI 48081					· · · · · · · · · · · · · · · · · · ·	3 1000.11
5. If over \$100.00 cum		ovido	9:			Click Here for	Memo Itemization
Occupation Business			Employer TRW Auto	omotiv	ve		
Business Address 1200	0 Tech Center D						
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
3. Contribution # 4	PAC Receipt?	T	YES 4. Date o	f Rece	ipt		
Name & Address		L.	4		•	-	
					•	\$	•
5. If over \$100.00 cumu	lative, please nm	vide	•				\$
Occupation Employer			Click Here for	Memo Itemization			
Business Address					-		
Type of Contribution:	Direct		Loan from a person	П	Fund Raiser		
					Page Subtota	\$1,856.47	
						4 1,000,11	
			(0	Grai Comple	nd Total of All Schedules 1A ete on last page of Schedule) [42,010.47	
Page 2 of 2						Enter this total on tine 3a of Summary	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 1385

138514

2. Committee Name Committee to Elect Garry Wertenberger

	Committee rearie		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name City of St Clair Shores		08/11/09	. 400 00
Address	Purpose: Filing Fee	Date	\$ <u>100.00</u>
27600 Jefferson Circle Dr	Purpose:		
St Clair Shores, MI 48081	Click I	Here for Mem	o Itemization Type
- Ot Oldin Ollored, Mil 4000	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement	+	
Name Del Deintier			
Name Del Printing		10/08/09	s 1113.99
Address	Purpose: Campaign Signs	Date	1110.00
	r dipose.		
19724 Nine Mile Rd	Click H	lere for Memo	Itemization Type
St Clair Shores, MI 48080			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #3	statement	····	
•			
Name The Zimmerman Group		09/24/09	
Address	Compoins Throws		\$ 695.00
	Purpose: Campaign Flyers	Date	
21391 Blackburn	Click H	ere for Memo	Itemization Type
St Clair Shores, MI 48080		SIG IOI INGINO	nemzauon type
Fund Raiser	L_ICheck box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #4	statement	····	
•			
Name Fraser Star Lanes		10/16/09	
Address	_	Date	\$ 56.00
	Purpose: Bowling Fundraiser		
33042 Garfield Rd.	011.44		
Fraser, MI 48026		ire for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
· Address	_		•
Address	Purpose:	Date	Ψ
	OV-1-11	6	
	Click He Check box if this expenditure is payment of	ie ior Memo I	temization Type
Fund Raiser	debt or obligation reported on previous		
	statement		
	Subtotal	I this page	\$1,964.99
	Grand Total of all Sc	hedules 1B	
	(Complete on last page o	f Schedule)	\$1,964.99

Enter this total on line 8a of Summary Page

Page 1 1



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

138514 1. Committee I.D. Number

2. Committee Name Committee to Elect Garry Wertenberger

	- USE	A SEPARATE SH	EET FOR EACH EVENT	-
3. Date Event Was Held	4. Number or Partici greater)	er of Individuals Attending pating (whichever is	5. Type of Fund Raising Activity	Address and Name (If any) of the place where the activity was held.
10/16/09	ground	12	Bowling	Fraser Star Lanes 330420Garfield, Rd. Fraser, MI 48026 Private Residence
7. Total Contributions		\$160.00		
3. Other Receipts		\$0.00		
Gross Receipts (Add lines 7 and 8)		\$160.00		
Total Cost of Event Total Cost includes In-Kind Cor	ntributions	\$56.00 and All Expenditures	Made For the Event	
1. Check if event was a join	nt fund ra	iser and complete the	following:	
Co-Sponsor(s)		Contribution S (%)	plit	Expenditure Split (%)
		1 W		
				
		 -		
***************************************		* 	-	
				
Receipts and expenditure	es listed o	otatement. on a Fund Raiser Scha	r Schedule for each fund raisinedule must also be reported on (1-IK), Itemized Expenditures	the Manager of Country of

Page 1 of 1